

Case Number:	CM13-0044876		
Date Assigned:	12/27/2013	Date of Injury:	01/04/2000
Decision Date:	04/28/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal and Emergency Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 54 year-old with a date of injury of 01/04/00. A progress report associated with the request for services, dated 09/25/13, identified subjective complaints of low back pain radiating into the right leg. Objective findings included decreased motor function of the right lower extremity. Diagnoses included lumbar spondylosis and radiculopathy. Treatment has included oral and topical analgesics NSAIDs, and injections.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CALMARE SCRAMBLER THERAPY TO THE LUMBAR SPINE (10 SESSIONS):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Scrambler Therapy, and information from Up-to-date: Psychological, rehabilitative, and integrative therapies for cancer pain.

Decision rationale: Calmare is a device that provides Scrambler Therapy, a type of transcutaneous electrical therapy. The Medical Treatment Utilization Schedule (MTUS)

addresses electrical stimulation, but not Calmare directly. The Official Disability Guidelines (ODG) state that there are several promising pilot studies of this therapy, but the evidence is not yet sufficient to permit conclusions about the benefits of Scrambler therapy. Authoritative sources note that therapy has been evaluated in small trials involving neuropathic pain. Based on insufficient data for the benefit of Scrambler therapy as well as lack of a neuropathic component in this case, the record does not document the medical necessity for a Calmare device.